

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90342 030 ***150.00

DOCUMENT # H01492

1. Entity Name

PEINTE WEST RESIDENTS', INC.



Principal Place of Business

12651 SEMINOLE BLVD
LARGO FL 33778
US

Mailing Address

12651 SEMINOLE BLVD
LOT 1-N
LARGO FL 33778
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2809489

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAMONTE, JONATHAN JAMES
7800 113TH STREET NORTH
SUITE 206
SEMINOLE FL 34642

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KINNEY, KEITH
STREET ADDRESS 12651 SEMINOLE BLVD. 18-C
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SCHMALZ, JOE
STREET ADDRESS 12651 SEMINOLE BLVD. 18-H
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS HOWARD SUESS
CITY-ST-ZIP 12651 SEMINOLE Blvd. 9-E
LARGO, FL. 33778

TITLE TD ☐ Delete
NAME LOWELL, EDWARD
STREET ADDRESS 12651 SEMINOLE BLVD 1-N
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SANFORD, ANNE
STREET ADDRESS 12651 SEMINOLE BLVD. LOT 9-L
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME TOWNSLEY, WALTER
STREET ADDRESS 12651 SEMINOLE BLVD, LOT 40-A
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME BELL, BOB
STREET ADDRESS 12651 SEMINOLE BLVD, #9M
CITY-ST-ZIP LARGO FL 33778

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward M. Lowell* Edward M. Lowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(727) 585-0344

Daytime Phone #